

Date: <u>June 13, 2005</u>



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Gregory B. Wilson and R. Riley Shuler

Serial No. : 09/776,010 ____Examiner: Bao Qun Li

Filed: February 2, 2001 Group Art Unit: 1648

For : HUMAN HERPESVIRUS 6A and 6B TRANSFER FACTORS FOR THE

TREATMENT OF CHRONIC FATIGUE SYNDROME AND MULTIPLE SCLEROSIS

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RA Small Entity	TE Other Entity		Small Entity	Other Entity
Total Claims	11 -	* 13 =	*** 0 _X	\$25	\$50	=	0	
Indepen -dent Claims	4 -	4 =	* * * * 0 X	\$100	\$200	11	0	
Multiple Dependent Claim(s) Presented For First Time Yes X No \$180 \$360 = 0								
				TOTAL A	DDITIONA		\$ 0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

ATT.

^{*} If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space. ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

^{***} If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Gregory B. Wilson &	and R. Riley Shuler
Applicant(s): Gregory B. Wilson &	
Serial No. : 09/776,010 February 2, 2001	
Amendment Transmittal Letter Page 2	
The following are also enclosed:	
x one additional copy of this	Amendment
X Return Receipt Postcard	including Form PTO-1449
An Information Disclosure St	tatement, including form PTO-1449
(Copies of citations include	d: Yes
and a fee of \$	included
	sion of Time, including a fee of tion for 2 Month(s) Extension of Time
\$ 225.00	
other (identify):	
•	
THE TOTAL PER DUR IS \$ 225.00	
THE TOTAL FEE DOLL IN THE STATE OF S	225.00 is enclosed.
X A check in the amount of \$	in the amount of
Please charge Deposit Accou	int No in the amount
s	· · · · · · · · · · · · · · · · · · ·
X The Commissioner is hereby required or credit any over	authorized to charge any additional fees charment to Deposit Account No. 03-3125
as follows:	of extra claims
	1.16 for the presentation of extra claims occasing fees under 37 C.F.R. \$1.17
	of extra claims
	1.16 for the presentation of extra claims occasing fees under 37 C.F.R. \$1.17 Respectfully submitted,
	1.16 for the presentation of extra claims occasing fees under 37 C.F.R. \$1.17

JPW Rev. 1-7-05